24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Working America Coalities		
Working America Coalition		C C00620583
Check if 24-hour report		
Full Name of Payee Date of Public Distribution/Dissemination Mosaic		
IVIOSAIC		09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place		nt
City State Zip Code		450.00
Cheverly MD 20781	Trans	action ID : D597580
Purpose of Expenditure Categ		of Disbursement or Obligation
	ype 004	09 13 2016
Name of Federal Candidate	Support Office Sough	t: House District:
PATRICK MURPHY	Oppose Preside	ent 🗶 Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 8437	Disbursement 2016	t For: Primary 🗶 General
Per Election for Office Sought 8437		ther (specify) >
Full Name of Payee Mosaic		of Public Distribution/Dissemination
Ma Tan Addison		09 / 12 / 2016
Mailing Address 4801 Viewpoint Place Amount		
City State Zip Co	de	22.50
Cheverly MD 20781		oction ID: D599290 of Disbursement or Obligation
Purpose of Expenditure Categ	ory/ 004	- M / D D / Y Y Y Y
1 11013	Type COT	09 16 2016
	x Support Office Sough	t: District:
Hillary Rodham Clinton	Oppose 🗶 Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought		t For: Primary X General ther (specify) ▶
		(4)
(a) SUBTOTAL of Itemized Independent Expenditures	······	472.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) TOTAL Indiana deat Francisco	_	
(c) TOTAL Independent Expenditures	>	492 492
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Crystal King		
[Electronically Filed] Date 09 19 2016 Signature		